

Updated - Amended: 05.17.04

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/670,105</i>		FILING DATE	
							APPLICANT(S)			
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1								51		
2								52		
3								53		
4								54		
5								55		
6								56		
7								57		
8								58		
9								59		
10								60		
11								61		
12								62		
13								63		
14								64		
15								65		
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17								67		
18								68		
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37								87		
38								88		
39								89		
40								90		
41								91		
42								92		
43								93		
44								94		
45								95		
46								96		
47								97		
48								98		
49								99		
50								100		
TOTAL IND.	2		3					TOTAL IND.	4	
TOTAL DEP.	8		12					TOTAL DEP.	24	
TOTAL CLAIMS	10		15					TOTAL CLAIMS	28	

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